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CONFIRMATION NO. 9021

<b>SERIAL NUMBER</b> 10/557,293	<b>FILING OR 371(c) DATE</b> 12/20/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 068911.0126
<b>APPLICANTS</b> John Babish, Brooktondale, NY; Matthew Tripp, Gig Harbor, WA; Terrence Howell, Lansing, NY; Jeffrey S. Bland, Fox Island, WA; Gary Darland, Gig Harbor, WA; Robert Leman, Gig Harbor, WA; Daniel O. Lukaczer, Gig Harbor, WA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/16043 05/21/2004 which claims benefit of 60/472,460 05/22/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/19/2007</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 36
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 23630				
<b>TITLE</b> ANTI-INFLAMMATORY PHARMACEUTICAL COMPOSITIONS FOR REDUCING INFLAMMATION AND THE TREATMENT OR PREVENTION OF GASTRIC TOXICITY				
<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	